

**ENCLOSURE 6**  
*EMT Candidate Re-Mediation Form*

*This remediation sheet should be completed (and kept as documentation) after every class for individual students having difficulty with knowledge, skills, and/or attitude. The "lead" instructor should work with the individual as soon as possible to assure that this person achieves success in the program.*

NAME: EMT-CANDIDATE

<b>DATE</b>	
<b>AREA(S) OF DIFFICULTY</b>	
<b>PLAN OF ACTION</b>	
<b>ACTION COMPLETED</b>	

*I HAVE BEEN INFORMED OF THE AREA(S) OF DIFFICULTY AND PLAN OF ACTION NECESSARY TO IMPROVE THE AREA(S) NOTED.*

EMT-CANDIDATE'S SIGNATURE

DATE

CANDIDATE'S COMMENTS:

*THIS CANDIDATE UNDERSTANDS THAT FAILURE OF REMEDIATION AND CONTINUED DIFFICULTY IN THE AREA(S) NOTED WILL CAUSE THIS CANDIDATE TO FAIL THE COURSE.*

INSTRUCTOR SIGNATURE

DATE